

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		71530	11/4
O.I.P.E. CLASSIFIER		12/	11/9
FORMALITY REVIEW		2353	12-10-00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral).... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	10/14/04
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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